Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number						
Effective on 12/0	Complete if Known					
Fees pursuant to the Consolidated Appro			10/524,409-Conf. #4450			
FEE TRANS			February 14, 2005			
For FY 2			Hag Sin KIM			
FOLFIZ	Examiner Name /		A. D. St. Clair			
Applicant claims small entity st	Art Unit	37	3749			
TOTAL AMOUNT OF PAYMENT	(\$) 150.00	Attorney Docket No.	. 34	3449-0445PUS1		
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):						
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee						
X Charge any additional fee(s) or underpayments of X Credit any overpayments						
fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
		EARCH FEES E	XAMINA	TION FEES		
	Small Entity	Small Entity		Small Entity	_	
Application Type Fee (Fee (\$)	Fee (\$)	Fees	Paid (\$)
Utility 310			210	105		
Design 210			130	65		
Plant 210			160	80		
Reissue 310			620	310		
Provisional 210) 105	0	0	0		
2. EXCESS CLAIM FEES Small Entity						
Fee Description Each claim over 20 (including Reis	sues)				Fee (\$) 50	Fee (\$) 25
Each independent claim over 3 (inc	luding Reissues)				210	105
Multiple dependent claims 370 185						
Total Claims		Paid (\$)	aid (\$) Multiple Depend		ent Claims	
		50.00	Fee	<u>(\$)</u> <u>F</u>	ee Paid (\$	<u>i)</u>
HP = highest number of total claims paid f						_
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)				
3 -3=	× =					
HP = highest number of independent claims paid for, if greater than 3.						
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CPR 1.52(e)), the application size fee due is \$260 (§130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S. C. 41(a)(f)(3) and 37 CPR 1.16(a).						
Total Sheets Extra She	ets Number of each	additional 50 or fraction	n thereof	Fee (\$)	Fee	Paid (\$)
- 100 = /50 = (round up to a whole number) x =						
4. OTHER FEE(S) Fees Paid (\$)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge):						
SUBMITTED BY \$\frac{\pmu}{4} \qquad						
Signature C Q 711 (1,000	Registration No. 9	9.538	Telephone	(703) 20	5-8000
Name (Print/Type) James T. Eller,	in the	(Attorney/Agent)	-,000	Date	August 1	
Talles I. Eller,	". <u> </u>			Date	nugust	, 2000